

CLAIMS ONLY

Application Number

" Filling" Date

101784254

Applican(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
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3		/				
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47		/				
48		/				
49		/				
50		/				
Total Indep.	3					
Total Depend.	23					
Total Claims	26					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep.						
Total Depend.						
Total Claims						